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## PUBLIC HEALTH SURVEILLANCE

Public health surveillance embodies a systematic cycle of public health actions. This cycle includes (1) the collection of pertinent data in a timely manner, (2) its orderly consolidation, evaluation, and descriptive interpretation, and (3) the prompt dissemination of findings. Originally initiated to detect epidemics and identify seasonal fluctuations in infections, surveillance is currently used to track and prevent a variety of public health problems such as injuries, cardiovascular disease and unintended pregnancies.

The Centers for Disease Control/DHHS recently created a slide set that presents general information on public health surveillance. Its purpose is to promote better understanding of the uses and sources of public health surveillance data. The entire set, individual slides and a bibliography of related books and journal articles are available on the World Wide Web at <http://www.cdc.gov/epo/dphsi/phs/overview.htm>.

1. ALCOHOL AND BREAST CANCER IN WOMEN. Smith-Warner, SA. *JAMA* 279:535-40, 18 Feb '98.
2. BEHAVIORAL RISK FACTOR SURVEILLANCE OF AGED MEDICARE BENEFICIARIES, 1995. Arday, DR. *Health Care Financ Rev* 18:105-23, Sum '97.

**N.B. A master copy of each journal article in this Bulletin is available for photocopy at each Library**

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3. CAN WE MONITOR SOCIOECONOMIC INEQUALITIES IN HEALTH? A SURVEY OF U.S. HEALTH DEPARTMENTS' DATA COLLECTION AND REPORTING PRACTICES. Krieger, N. *Pub Health Rep* 112:481-91, Nov-Dec '97.
4. DIFFERENCES IN CARDIOVASCULAR DISEASE RISK FACTORS IN BLACK AND WHITE YOUNG ADULTS: COMPARISONS AMONG FIVE COMMUNITIES OF THE CARDIA AND THE BOGALUSA HEART STUDIES. Greenlund, KJ. *Ann Epidemiol* 8:22-30, Jan '98.
5. THE EFFECTS OF SUBSTANCE USE DURING GESTATION ON BIRTH OUTCOME, INFANT AND MATERNAL HEALTH. Hanna, EZ. *J Subst Abuse* 9(1-4):111-25, '97.
6. HDL CHOLESTEROL: TRENDS IN TWO SOUTHEASTERN NEW ENGLAND COMMUNITIES, 1981-1993. Derby, CA. *Ann Epidemiol* 8:84-91, Feb '98.
7. RACE AND THE RISK OF FATAL INJURY AT WORK. Loomis, D. *Am J Public Health* 88:40-4, Jan '98.
8. SECULAR TRENDS IN THE UNITED STATES BLACK/WHITE HYPERTENSION PREVALENCE RATIO: POTENTIAL IMPACT OF DIMINISHING RESPONSE RATES. Goery, KM. *Am J Epidemiol* 147:95-9, 15 Jan '98.
9. SURVEILLANCE OF NOISE-INDUCED HEARING LOSS IN TAIWAN, ROC: A REPORT OF THE PRESS-NIHL RESULTS. Trong-Neng W. *Prev Med* 27:65-9, Jan-Feb '98.
10. TRENDS IN HIV SEROPOSITIVITY IN PUBLICLY FUNDED HIV COUNSELING AND TESTING PROGRAMS: IMPLICATIONS FOR PREVENTION POLICY. Valdiserri, RO. *Am J Prev Med* 14:31-42, Jan '98.

### **CIGARETTE SMOKING AND ADULTS**

Cigarette smoking accounts for approximately 430,000 deaths yearly. One of the national health objectives for 2000 is to reduce the prevalence of cigarette smoking among adults to no more than 15%. According to a recent National Center for Health Statistics' report entitled, Healthy People 2000 Review, smoking is responsible for more than 5 million years of potential life lost each year. The literature suggests that if the current smoking patterns continue, an estimated 25 million persons in the United States who are alive today will die prematurely from smoking-related illnesses.

11. CIGARETTE SMOKING AMONG ADULTS—UNITED STATES, 1995. *MMWR* 46:1217-20, 26 Dec '97.
12. CIGARETTE SMOKING IN YOUNG ADULTS: CHILDHOOD AND ADOLESCENT PERSONALITY, FAMILIAL, AND PEER ANTECEDENTS. Brook, JS. *J Genet Psychol* 158:172-88, June '97.
13. INTERMITTENT SMOKERS: A DESCRIPTIVE ANALYSIS OF PERSONS WHO HAVE NEVER SMOKED DAILY. Husten, CG. *Am J Public Health* 88:86-9, Jan '98.
14. LONG-TERM TRENDS IN CIGARETTE SMOKING AMONG YOUNG U.S. ADULTS. Escobedo, LG. *Addict Behav* 22:427-30, May-June '97.
15. PREDICTORS OF SMOKING AMONG US COLLEGE STUDENTS. Emmons, KM. *Am J Public Health* 88:104-7, Jan '98.
16. RELATION OF SMOKING TO THE INCIDENCE OF AGE-RELATED MACULOPATHY. Klein, R. *Am J Epidemiol* 147:103-10, 15 Jan '98.
17. SMOKING CESSATION, WEIGHT GAIN, AND CHANGES IN CARDIOVASCULAR RISK FACTORS DURING MENOPAUSE: THE HEALTHY WOMEN STUDY. Burnette, MM. *Am J Public Health* 88:93-6, Jan '98.
18. STATE-AND SEX-SPECIFIC PREVALENCE OF SELECTED CHARACTERISTICS--BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 1994 AND 1995. *MMWR Surveill Summ* 46:4-5, 1 Aug '97.
19. STATE SMOKING PREVALENCE ESTIMATES: A COMPARISON OF THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AND CURRENT POPULATION SURVEYS. Arday, DR. *AM J Public Health* 87:1665-9, Oct '97.
20. STATE-SPECIFIC PREVALENCE OF CIGARETTE SMOKING AMONG ADULTS, AND CHILDREN'S AND ADOLESCENTS' EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE—UNITED STATES, 1996. *MMWR* 46:1038-43, 7 Nov '97.

## CULTURAL COMPETENCE IN MEDICAL CARE

Cultural competence is the policies and practices of an organization or the values and behaviors of an individual that foster effective cross cultural communication. It is a point of communication that ranges from cultural destructiveness to cultural proficiency. One of the objectives of the Maternal and Child Health National Center for Cultural Competence at HRSA is to increase the number of culturally competent professionals in health service delivery systems. By developing and building comprehensive community systems of services, the objective is to bring together families with human service agencies and service providers to better support all families and children in need, including those from diverse cultures.

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| <p>21. BENEFITS: ONE SIZE DOES NOT FIT ALL. <i>Business &amp; Health</i> 15:22-7, May '97.</p>  | <p>26. CULTURALLY COMPETENT TEACHING STRATEGIES FOR ASIAN NURSING STUDENTS FOR WHOM ENGLISH IS A SECOND LANGUAGE. Kataoka-Yahro, MR. <i>J Cult Divers</i> 4:83-7, Fall '97.</p>                             |
| <p>22. A BIOPSYCHOSOCIAL MODEL OF METAPHOR THERAPY WITH HOLISTIC CULTURES. Dwairy M. <i>Clin Psychol Rev</i> 17:719-32, Nov '97.</p>                          | <p>27. CURRICULUM FOR MULTICULTURAL EDUCATION IN FAMILY MEDICINE. Culhane-Pera, KA. <i>Fam Med</i> 29(10):719-23, '97.</p>  |
| <p>23. CALIBRATING THE PHYSICIAN. Novack, DH. <i>JAMA</i> 278:502-9, 13 Aug '97.</p>  | <p>28. PROVIDING CULTURALLY COMPETENT PRIMARY CARE FOR IMMIGRANT AND REFUGEE WOMEN. Downs, K. <i>J Nurs Midwifery</i> 42:499-508, Nov-Dec '97.</p>  |
| <p>24. COMMUNITY PSYCHOLOGY AND FULL-SERVICE SCHOOLS IN DIFFERENT CULTURES. Holtzman, WH. <i>Am Psychologist</i> 52:381-9, Apr '97.</p>                       | <p>29. REAFFIRMING THE RELEVANCE OF CULTURE FOR NURSING. Mendyka, BE. <i>Sch Inq Nurs Pract</i> 11:179-92, Fall '97.</p>  |
| <p>25. CULTURAL BABEL: THE CHALLENGE OF IMMIGRANTS TO THE HELPING PROFESSIONS. Nikelly, AG. <i>Cultural Diversity and Mental Health</i> 3(4):221-33, '97.</p> | <p>30. THE USE OF BILINGUAL, BICULTURAL PARAPROFESSIONALS IN MENTAL HEALTH SERVICES: ISSUES FOR HIRING, TRAINING, AND SUPERVISION. Musser-Grnaski, J. <i>Community Ment Health J</i> 33:51-60, Feb '97.</p> |

## THE DISABLED ELDERLY

Disabled elderly are defined as aged physically challenged individuals with diminished capability to perform self-care tasks in a normal way. The literature indicates that there are several frameworks that categorize disablement such as the World Health Organization International Classification of Impairments, Disabilities and Handicaps (ICIDH), the Public Health Service Task Force Model and the Institute of Medicine and Saad Nagi Model. The management of disability in older persons is a major concern in health care. Research indicates that the coping resources used by the elderly to help manage their disabilities are networks of family/friend helpers, shared living arrangements, cash income and third party payments. AHCPR recently funded research which studied the effectiveness of various coping resources of the disabled elderly.

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| <p>31. BLACK-WHITE DIFFERENCES IN RISK OF BECOMING DISABLED AND RECOVERING FROM DISABILITY IN OLD AGE: A LONGITUDINAL ANALYSIS OF TWO EPESE POPULATIONS. Mendes de Leon, CF. <i>Am J Epidemiol</i> 145:488-97, 15 Mar '97.</p> | <p>35. END OF LIFE DECISIONS IN MENTALLY DISABLED PEOPLE. Van Der Maas, P. <i>Br Med J</i> 315:73, 12 Jul '97.</p>  |
| <p>32. DETERMINING THE AMOUNT OF HELP USED BY DISABLED ELDERLY PERSONS AT HOME: THE ROLE OF COPING RESOURCES. Boaz, RF. <i>J Gerontol B Psychol Sci Soc Sci</i> 52:S317-24, Nov '97.</p>                                       | <p>36. FAMILY HELP AND LIVING ARRANGEMENTS, MORE THAN INCOME AND PUBLIC PROGRAMS, KEEP ELDERLY DISABLED PEOPLE IN THE COMMUNITY. <i>AHCPR Res Activities</i> 211:11, Dec '97.</p>     |
| <p>33. DISABLEMENT OUTCOMES IN GERIATRIC REHABILITATION. Jette, AM. <i>Med Care</i> 35:JS28-37, discussion JS38-44, Jun '97.</p>   | <p>37. HEALTH PROMOTION: AN ESSENTIAL COMPONENT OF REHABILITATION FOR PERSONS WITH CHRONIC DISABLING CONDITIONS. Stuijbergen, AK. <i>ANS Adv Nurs Sci</i> 19:1-20, Jun '97.</p>       |
| <p>34. DISABLEMENT OUTCOMES IN GERIATRIC REHABILITATION. REPORT: GROUP D. Whiteneck, GG. <i>Med Care</i> 35:JS45-7, Jun '97.</p>   | <p>38. HOSPITAL DIAGNOSES, MEDICARE CHARGES, AND NURSING HOME ADMISSIONS IN THE YEAR WHEN OLDER PERSONS BECOME SEVERELY DISABLED. Ferrucci, L. <i>JAMA</i> 277:728-34, 5 Mar '97.</p> |

39. METHODOLOGY AND FEASIBILITY OF A HOME-BASED EXAMINATION IN DISABLED OLDER WOMEN: THE WOMEN'S HEALTH AND AGING STUDY. Simonsick, EM. *J Gerontol A Biol Sci Med Sci* 52:M264-74, Sep '97.
40. PSYCHIATRIST AS PRIMARY CARE PHYSICIAN FOR THE DISABLED. A COMMENTARY. Buschbacher, RM. *Am J Phys Med Rehabil* 76:149-53, Mar-Apr '97.

### FEDERALLY FUNDED TREATMENT PROGRAMS

Federally funded treatment programs offer resources and services that can help counselors and patients succeed in reaching their goals. The literature indicates that when enrolled in these treatment programs for a period of 12 months, addicted individuals decreased crack use by 51 percent and heroin use 47 percent. Lowered drug usage is not the only positive aspect of these federally supported programs. Research suggests that employment rates of chemically dependent persons, after one year of treatment, climbed 25 percent. SAMHSA is closely monitoring the outcomes of federally funded treatment programs through the National Treatment Improvement Evaluation Study.

41. DO INCREASED LEVELS OF DRUG ABUSE TREATMENT LEAD TO FEWER DRUG-RELATED PROBLEMS? Reginald, GS. *Am J Drug Alcohol Abuse* 23(3):421-9, '97.
42. LIFETIME DIAGNOSIS OF MAJOR DEPRESSION AS A MULTIVARIATE PREDICTOR OF TREATMENT OUTCOME FOR INPATIENTS WITH SUBSTANCE USE DISORDERS FROM ABSTINENCE-BASED PROGRAMS. Miller, NS. *Ann Clin Psychiatry* 9:127-37, Sep '97.
43. POLICY-RELEVANT PROGRAM EVALUATION IN A NATIONAL SUBSTANCE ABUSE TREATMENT SYSTEM. Humphreys, K. *J Ment Health Adm* 24:373-85, Fall '97.
44. NALTREXONE PHARMACOTHERAPY FOR OPIOID DEPENDENT FEDERAL PROBATIONERS. Cornish, JW. *J Subst Abuse Treat* 14: 529-34, Nov-Dec '97.

45. NATIONAL DRUG CONTROL STRATEGY EMPHASIZES YOUTH PREVENTION. *Subst Abuse Rep* 24(5):1-3, Mar '97.
46. PARENTING TRAINING FOR WOMEN IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT. Camp, JM. *J Subst Abuse Treat* 14:411-22, Sep-Oct '97.
47. RELATIONSHIP BETWEEN SELF-EFFICACY PERCEPTIONS AND IN-TREATMENT DRUG USE AMONG REGULAR COCAINE USERS. Rounds-Bryant, JL. *Am J Drug Alcohol Abuse* 23(3):383-95, '97.
48. THE RELATIONSHIP OF PUBLIC SUPPORT PAYMENTS TO SUBSTANCE ABUSE AMONG HOMELESS VETERANS WITH MENTAL ILLNESS. Frisman, LK. *Psychiatric Serv* 48:792-795, Jun '97.
49. A STRUCTURED INSTRUMENT FOR ESTIMATING THE ECONOMIC COST OF DRUG ABUSE TREATMENT. French, MT. *J Subst Abuse Treat* 14:445-455, Sept-Oct '97.
50. TIRED, TRUE, AND NEW: PUBLIC HEALTH NURSING IN A COUNTY SUBSTANCE ABUSE TREATMENT SYSTEM. Littman, PS. *Pub Health Nurs* 14:286-92, Oct '97.

### GENETICS OF SCHIZOPHRENIA

Family, twin and adoption studies have provided overwhelming but indirect evidence in support of genetic etiology for schizophrenia. The literature indicates that recent studies exploring genetic markers provide a more direct approach to the identification of genes. Current research efforts to identify schizophrenia susceptibility genes include association studies, linkage analysis, studies of genetic anticipation and the search for chromosomal abnormalities. Research indicates that schizophrenia susceptibility genes may be found in regions of chromosome 22q, chromosome 8p and chromosome 6p. NIMH is currently funding several studies on the genetic etiology of schizophrenia.

51. ANALYSIS OF THE 5' - FLANKING PROMOTER REGION OF THE 5-HT<sub>2A</sub> RECEPTOR GENE IN SCHIZOPHRENIA. Ohara, K. *Neuropsychopharmacology* 17:274-8, Oct '97.
52. ASSOCIATION STUDY OF N1aIII AND MspI GENETIC POLYMORPHISMS OF CATECHOL-O-METHYLTRANSFERASE GENE AND SUSCEPTIBILITY TO SCHIZOPHRENIA. Chia-Hsiang, C. *Biol Psychiatry* 41:985-7, 1 May '97.

53. DISSECTING THE GENETIC COMPLEXITY OF SCHIZOPHRENIA. Karayiorgou, M. *Molecular Psychiatry* 2(3):211-23, May '97.
54. THE GENETICS OF SCHIZOPHRENIA: PAST, PRESENT, AND FUTURE CONCEPTS. DeLisi, LE. *Schizophr Res* 28:163-75, 19 Dec '97.
55. THE MOLECULAR GENETICS OF SCHIZOPHRENIA: AN UPDATE. Mowry, BJ. *Aust NZ J Psychiatry* 31:704-13, Oct '97.
56. NCAM AND SCHIZOPHRENIA: GENETIC STUDIES. Vicente, AM. *Molecular Psychiatry* 2(1):65-9, Jan '97.
57. NO EVIDENCE FOR A SCHIZOPHRENIA SUSCEPTIBILITY GENE IN THE VICINITY OF IL2RB ON CHROMOSOME 22. Parsian, A. *Am J Med Genet* 74(4):361-4, '97.
58. SEROTONIN TRANSPORTER GENE POLYMORPHISM AND SCHIZOPHRENIA: AN ASSOCIATION STUDY. Bonnet-Brilhault, F. *Biol Psychiatry* 42:634-6, 1 Oct '97.
59. THREE CAG TRINUCLEOTIDE REPEATS ON CHROMOSOME 6 (D6S1014, D6S1015, AND D6S1058) ARE NOT EXPANDED IN 30 FAMILIES WITH SCHIZOPHRENIA. Ohara, K. *Neuropsychopharmacology* 17:279-83, Oct '97.
60. A TURNING POINT IN SCHIZOPHRENIA GENETICS. Karayiorgou, M. *Neuron* 19:967-79, Nov '97.

## REINVENTING GOVERNMENT

Since 1990, the management staff of the Parklawn Health Library has selected 10 journal articles per month on innovative management techniques to appear in each Bulletin. First entitled "Total Quality Management," this recurring bibliography was recently renamed "Reinventing Government" to reflect and support the Administration's efforts to create a government that works better and costs less.

61. CHARTING A COURSE FOR CHANGE. Pascarella, P. *Manage Rev* 87:52-4, Jan '98.
62. DEVELOPING A TQM IMPLEMENTATION MODEL. Naveh, E. *Quality Progress* 31:55-9, Feb '98.



63. GETTING SUPPLIERS IN ON THE QUALITY ACT. Mehta, PV. *Quality Progress* 31:21-5, Jan '98.
64. GLOBAL TRAINING'S CRITICAL SUCCESS FACTORS. Kemper, CL. *Training & Development* 52:35-7, Feb '98.
65. IT'S A TEAM EFFORT. Hultman, KE. *Training & Development* 52:12-5, Feb '98.
66. MANAGEMENT IDEAS THROUGH TIME. *Manage Rev* 87:16-9, Jan '98.
67. A PRACTICAL APPROACH TO SERVICE-SUPPLIER CERTIFICATION. Brown, JO. *Quality Progress* 31:35-9, Jan '98.
68. REINVENTING HR: GETTING BUY-IN. Wyatt, JB. *HR Focus* 75:1, 3-4, Feb '98.
69. THE STOPS AND STARTS OF TOTAL QUALITY MANAGEMENT. Hines, WA. *Quality Progress* 31:61-4, Feb '98.
70. WHAT DOES YOUR CUSTOMER REALLY WANT? Fredericks, JO. *Quality Progress* 31:63-8, Jan '98.

## SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

### DRUG ABUSE

WM      DRUG TREATMENT  
270      BEHIND BARS: PRISON-  
D8423      BASED STRATEGIES FOR  
7913      CHANGE. Westport, CT,  
1996, 176 p.

WM      ESSENTIAL PAPERS ON  
270      ADDICTION. New York,  
E78      NY, New York University  
Press, 1997, 509 p.

WM      GROUP PSYCHO-  
270      THERAPY WITH  
F663      ADDICTED  
POPULATIONS: AN  
INTEGRATION OF  
TWELVE-STEP AND  
PSYCHODYNAMIC  
THEORY. 2nd ed. Flores,  
Philip J. New York, NY,  
Haworth Press, 1997, 657 p.

### FINANCIAL MANAGEMENT

WX      FINANCIAL  
157      MANAGEMENT IN  
M2232      HEALTH CARE  
ORGANIZATIONS.  
McLean, Robert A. Albany,  
NY, Delmar Publishers, 1997,  
382 p.

### HEALTH PLANNING

WA      AIDS AND THE LAW. 3rd.  
33AA1      ed. New York, NY, J. Wiley,  
A28834      1997, 624 p.

W      THE FOUR PILLARS OF  
61      HEALING: HOW THE  
G135      NEW INTEGRATED  
MEDICINE--THE BEST OF  
CONVENTIONAL AND  
ALTERNATIVE  
APPROACHES--CAN  
CURE YOU. Galland, Leo.  
New York, NY, Random  
House, 1997, 330 p.

W  
74  
R3163 HEALTH CARE IN  
TRANSITION:  
TECHNOLOGY  
ASSESSMENT IN THE  
PRIVATE SECTOR. Rettig,  
Richard A. Santa Monica,  
CA, RAND, 1997, 140 p.

W  
84AA1  
H626 INTRODUCTION TO  
HEALTH CARE  
DELIVERY AND  
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Stephen S. Philadelphia, PA,  
Saunders, 1997, 275 p.

WA  
30  
P4427 THE NEW PUBLIC  
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SELF IN THE AGE OF  
RISK. Petersen, Alan R.  
Thousand Oaks, CA, Sage  
Publications, 1996, 208 p.

WZ  
70AW2  
C8864 TO SERVE THE  
GREATEST NUMBER: A  
HISTORY OF GROUP  
HEALTH COOPERATIVE  
OF PUGET SOUND.  
Crowley, Walt. Seattle  
Washington, University of  
Washington Press, 1996,  
293 p.

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E619 SURVIVING IN HEALTH  
CARE. Enzmann, Dieter R.  
St. Louis, MO, Mosby, 1997,  
492 p.

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84DA2  
T6877 TRANSCULTURAL  
HEALTH CARE: A  
CULTURALLY  
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Philadelphia, PA, F.A. Davis,  
1998, 511 p.

W  
867  
R2283 WHEN ABORTION WAS A  
CRIME: WOMEN,  
MEDICINE, AND LAW IN  
THE UNITED STATES,  
1867-1973. Reagan, Leslie J.  
Berkeley, CA, University of  
California Press, 1997, 387 p.

W  
84.1  
W62 WHOLE-SYSTEMS  
SHARED GOVERNANCE:  
ARCHITECTURE FOR  
INTEGRATION.  
Gaithersburg, MD, Aspen  
Publishers, 1997, 323 p.

## MANAGEMENT

TK  
5105.875  
.I57  
N8447 GOVERNMENT INFOR-  
MATION ON THE  
INTERNET. Notess, Greg  
R. Lanham, MD, Bernan  
Press, 1997, 778 p.

HD  
57.7  
D616 LEADERSHIP BY  
ENCOURAGEMENT.  
Dinkmeyer, Don C. Delray  
Beach, FL, St. Lucie Press,  
1996, 245 p.

JK  
468.P75  
M3115      MANAGING FOR  
RESULTS: USING THE  
RESULTS ACT TO  
ADDRESS MISSION  
FRAGMENTATION AND  
PROGRAM OVERLAP.  
General Accounting Office,  
Washington, DC, 1997,  
44 p.

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5415.13  
C66      THE MARKETING PLAN.  
2nd ed. Cohen, William A.  
New York, NY, Wiley, 1998,  
341 p.

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5549.5.  
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M8815      NAKED MANAGEMENT:  
BARE ESSENTIALS FOR  
MOTIVATING THE X-  
GENERATION AT WORK.  
Muchnick, Marc. Delray  
Beach, FL, St. Lucie Press,  
1996, 127 p.

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5549  
W4367      REENGINEERING  
PERFORMANCE  
MANAGEMENT: BREAK-  
THROUGHS IN  
ACHIEVING STRATEGY  
THROUGH PEOPLE.  
Weiss, Tracey Bernstein.  
Boca Raton, FL, St. Lucie  
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B282      THE SKY IS NOT THE  
LIMIT: BREAKTHROUGH  
LEADERSHIP. Barthelemy,  
Bart. Boca Raton, FL, St.  
Lucie Press, 1997, 192 p.

HD  
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A439      STRATEGIC PLANNING  
FOR NONPROFIT  
ORGANIZATIONS: A  
PRACTICAL GUIDE AND  
WORKBOOK. Allison,  
Michael. New York, NY,  
Wiley, 1997, 277 p.

HD  
31  
E367      THE WINNING  
MANAGER: LEADERSHIP  
SKILLS FOR GREATER  
INNOVATION, QUALITY,  
AND EMPLOYEE  
COMMITMENT. Eittington,  
Julius E. Houston, TX, Gulf  
Publishing Co., 1997, 662 p.

#### **MEDICAL & ALLIED SCIENCES**

WG  
113  
A51231      AMERICAN HEART  
ASSOCIATION GUIDE TO  
HEART ATTACK:  
TREATMENT,  
RECOVERY, AND  
PREVENTION. New York,  
NY, Times Books, 1996,  
300 p.

W  
50  
R541      EUTHANASIA: A  
REFERENCE HANDBOOK.  
Roberts, Carolyn S. Santa  
Barbara, CA, ABC-CLIO,  
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WO  
700  
B453      INJURY CONTROL: A  
GLOBAL VIEW. Berger,  
Lawrence R. New York, NY,  
Oxford University Press,  
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WO  
660  
O68061 ORGAN PROCUREMENT  
AND PRESERVATION  
FOR TRANSPLANTATION.  
2nd ed. New York, NY,  
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227 p.

QV  
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W3882 PHARMACOGENETICS.  
Weber, Wendell W. New  
York, NY, Oxford University  
Press, 1997, 344 p.

QZ  
200  
W8421 WOMEN AND CANCER: A  
GYNECOLOGIC  
ONCOLOGY NURSING  
PERSPECTIVE. Boston,  
MA, Jones and Bartlett  
Publishers, 1997, 612 p.

WG  
210  
C197 THE WOMEN'S CONCISE  
GUIDE TO A HEALTHIER  
HEART. Carlson, Karen J.  
Cambridge, MA, Harvard  
University Press, 1997, 136 p.

## MENTAL HEALTH

WM  
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AND CLIENT: THE NEW  
RELATIONSHIP. Kahn,  
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W.H. Freeman and Co., 1997,  
199 p.

WM  
430.5.F2  
C352 CHALLENGING FAMILY  
THERAPY SITUATIONS:  
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New York, NY, Springer  
Publishing, 1997, 279 p.

WM  
170  
F5142 COMBATING DE-  
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The Health Insurance Carrier Directory offers a view into the world of providing health insurance in the United States. With over 3,200 government, group and private carriers listed, this directory not only provides names and numbers but also includes answers to many common and not-so-common questions dealing with the claims process. The directory is divided into four sections:

- Claims Follow-Up and Reimbursement
- Directory of Providers
- Terminology and Concepts
- Verifications, Coding and Completing Claims

**PREVENTIVE CARE SOURCEBOOK 1997-98.** Aspen Publishers, Gaithersburg, MD, 1997. Ref-Assn WA 22AA1/P9288.

The Preventive Care Sourcebook is a publication that provides a tool for planners and researchers on how to implement and evaluate the effectiveness of preventive care programs. This reference book explains how managed care and capitation have had an effect in the drive toward cost-contained preventive services with improved outcomes. The sourcebook covers topics such as:

- Fitness
- Injury Protection
- Disease Management & Prevention
- Health Promotion
- Substance Abuse
- Employer Contributions to Premium Payment
- Medicare/Medicaid
- Point of Service Options
- Trends in Solvency Surveillance Measures
- Mental Health

### Previous Current Topics

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
<a href="http://library.psc.dhhs.gov">http://library.psc.dhhs.gov</a> Attention Deficit Hyperactivity Disorder in Children Health Care Delivery and Native Americans Managed Behavioral Care (MBC) Substance Abuse Treatment Patient Record Confidentiality Over the Internet Reinventing Government Teen Sex and Condom Use	457	December 1997
Emotional Intelligence and the Workplace Breast Cancer and Mortality Child Neglect Pediatric Ear Infections and Treatment Options Reinventing Government Selective Serotonin Reuptake Inhibitors Substance Abuse Programs and the Homeless	458	January 1998
Computer Compliance in the year 2000 Child Care Services Native American Mental Health Presidential Advisory Commission's "Consumer Bill of Rights and Responsibilities" Reinventing Government Substance Abuse and Impaired Drivers Sudden Infant Death and Maternal Smoking	459	February 1998

## **LIBRARY CLIENTELE**

The Parklawn Health Library System serves the following components of the Department of Health and Human Services (HHS):

- Administration for Children and Families
- Administration on Aging
- Agency for Health Care Policy and Research
- HHS Regional Offices
- Health Resources and Services Administration
- Indian Health Service
- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of the Secretary
- Office of Public Health and Science
- Program Support Center
- Substance Abuse and Mental Health Services Administration

## **LIBRARY MISSION**

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

## **LIBRARY COLLECTION**

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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